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(Signature)

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03/29/2004

DALE R. LOVERCHECK, DENTSPLY INTERNATIONAL INC. 570 West College Avenue York, PA 17405-0872

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|   |                               | 411404   |   |                              |                                     |                                      |
|---|-------------------------------|--|---|------------------------------|-------------------------------------|--------------------------------------|
| APPLICATION NO.   | FILING DATE                   | FIRST NAMED INVENTOR                                 |   |                              | ATTORNEY DOCKET NO.                 | CONFIRMATION NO.                     |
| 10/016,924  | 12/14/2001                    | Andrew M. Lichkus                                    |   | TRU-2145                     | 6916                                |                                      |
| TITLE OF INVENTION: DENTAL PRODUCT, KIT, SYSTEM AND M   |                               |  | ETHOD   |                              |                                     |                                      |
|   |                               |  |   |                              |                                     |                                      |
| APPLN. TYPE   | SMALL ENTITY                  | ISSUE FEE  |   | PUBLICATION FEE              | TOTAL FEE(S) DUE                    | DATE DUE                             |
| nonprovisional  | NO                            | \$1330   |   | \$300                        | \$1630                              | 06/29/2004                           |
| EXAMINER  |                               | ART UNIT   |   | CLASS-SUBCLASS               | 7                                   |                                      |
| TENTONI, LEO B  |                               | 1732   |   | 264-018000                   | ·                                   |                                      |
| 1. Change of correspondence CFR 1.363).   | ee Address" (37               |  | nting on the patent front pa  |                              | R. Lovercheck                       |                                      |
|   |                               |  | names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single                    |                              |                                     |                                      |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                            |                               |  | firm (having as a member a registered attorney or 2 .Tames B Bieber   |                              |                                     |                                      |
| ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer |                               |  | agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name                  |                              |                                     |                                      |
| Number is required.   |                               |  | will be printed.  |                              |                                     |                                      |
| 3. ASSIGNEE NAME AND  | RESIDENCE DATA TO E           | E PRINTED ON T                                       | THE PATEN   | (print or type)              |                                     |                                      |
| been previously submitte  | d to the USPTO or is being    | submitted under se                                   | parate cover.   | Completion of this form is l | of assignee data is only appropri   | ate when an assignment has signment. |
| (A) NAME OF ASSIGN  | EE                            | (E   | ) RESIDENC  | CE: (CITY and STATE OR       | COUNTRY)                            |                                      |
| Dentsply Resea  | rch & Developm                | ent Corp.  | Uni   | ted States of A              | America                             |                                      |
| Please check the appropriate  | assignee category or catego   | ries (will not be pr                                 | inted on the p  | atent); 🚨 individual 🕽       | Corporation or other private g      | roup entity 🚨 government             |
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| (   | 11 1                          |  |   |                              |                                     |                                      |

(Date)

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(Authorized Signature)

Biebe

<u>James B</u>

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